SASKATCHEWAN HEALTH

COMMUNITY SERVICES

ROSETOWN REGION

ANNUAL REPORT 1985-86

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ACKNOWLEDGEMENTS

I express appreciation to the Senior staff for their committment and work performance in providing quality public health services to the citizens of Health Region #7. I also express my sincere thanks to Dr. Paul Schnee, our Medical Health Officer, whose consul we greatly value.

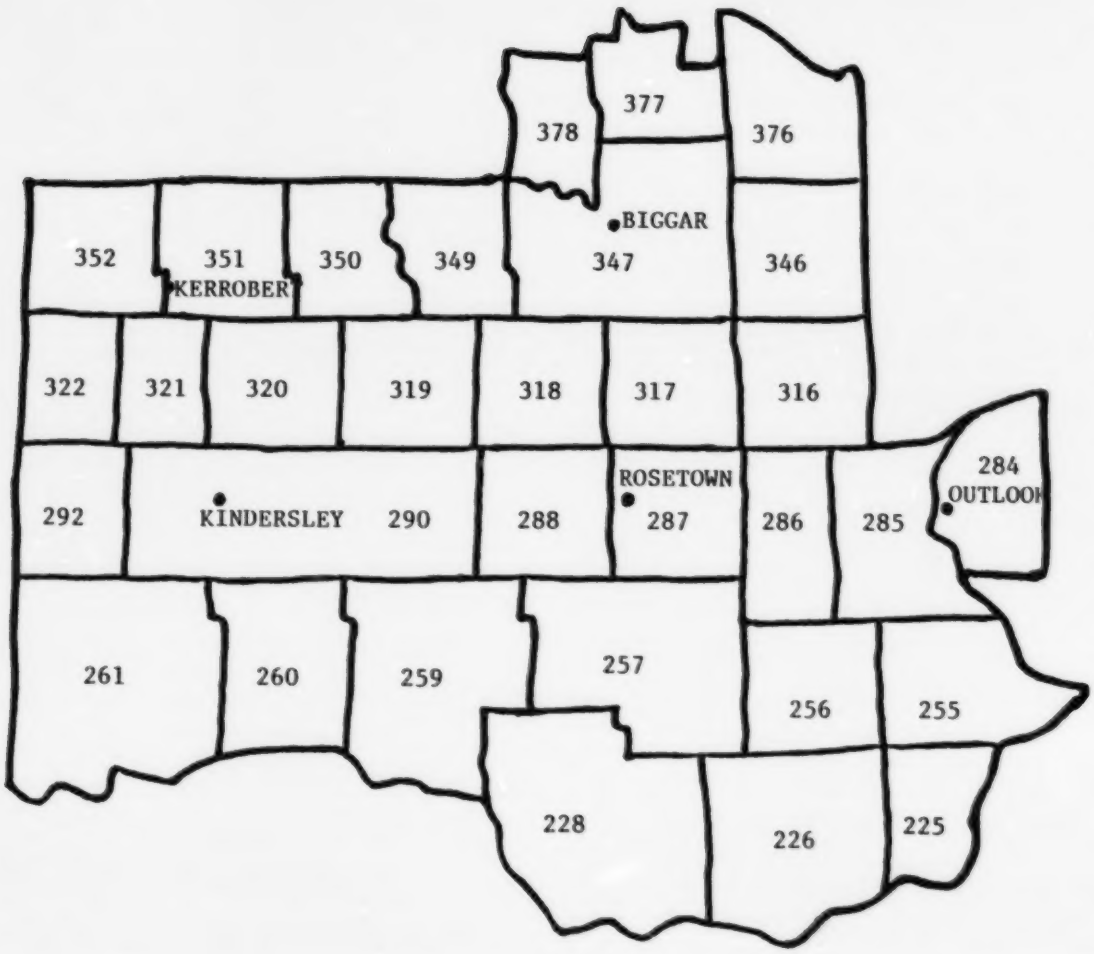
On behalf of the staff, I extend special thanks to Jean Israel, Senior Steno and her clerical staff. It is through the dedicated efforts of our efficient support staff that the professional staff are able to carry out their programs effectively. We are grateful for the co-operation and high calibre of work performed by the clerical staff.

I invite you to read through the 1985-1986 Annual Report. Senior staff have written reports summarizing their activities and public health services provided in the Rosetown Health Region throughout the year.

Beatrice M. Wichert
Regional Director

March 31, 1986

ROSETOWN HEALTH REGION NO. 7



REGIONAL BOARD MEMBERS

1985-1986

HEALTH DISTRICT NO. 1

Bernadette Gillies
Box 6
PLATO, Saskatchewan
S0L 2P0

Telephone: 574-2024

Jean Kallio
Box 129
DINSMORE, Saskatchewan

Telephone: 858-2422

HEALTH DISTRICT NO. 2

Lorraine Grondin
Box 267
BIGGAR, Saskatchewan
S0K 0M0

Telephone: 948-2679

Betty Bateman
Box 23
KELFIELD, Saskatchewan

Telephone: 932-4976

HEALTH DISTRICT NO. 3

Gordon Peat
Box 44
LOVERNA, Saskatchewan
S0L 1Y0

Telephone: 968-2794

Marjorie Woodley
KERROBERT, Saskatchewan
S0L 1R0

Telephone: 834-2429

HEALTH DISTRICTS - MUNICIPAL HEALTH REPRESENTATIVES

(As of March 31, 1986) (*Indicates Board Member)

HEALTH DISTRICT #1

MUNICIPALITY	REPRESENTATIVE	MUNICIPALITY	REPRESENTATIVE
Elrose	Harry de Slegte	Plato	*Bernadette Gillies
Kyle	Wayne Parohl	Sovereign	Ada M. Webb
Outlook	Wilfred Helkenberg	Wiseton	Irin Turner
Rosetown	Signa Gilchrist	R.M. #225	Reg Middleton
Zealandia	Louise MacDonald	R.M. #226	Ian Esson
Beechy	Keith Andrews	R.M. #228	Helen Miller
Birsay	Marshall Coviello	R.M. #255	Morgen Odegard
Bounty	Kay Logan	R.M. #256	*Jean Kallio
Broderick	Mary Lou Herron	R.M. #257	Karin Sothmann
Conquest	Randy Lemon	R.M. #284	Aldrich Solnicka
Dinsmore	Geoffrey Tetler	R.M. #285	Fred Lemon
Glenside	Dorothy Rosa	R.M. #286	Ruth Greer
Lucky Lake	Alvin Holbird	R.M. #287	Anne Bechard
Macrorie	G. A. Prentice	R.M. #288	John Pankratz
Milden	Marie Kleven		

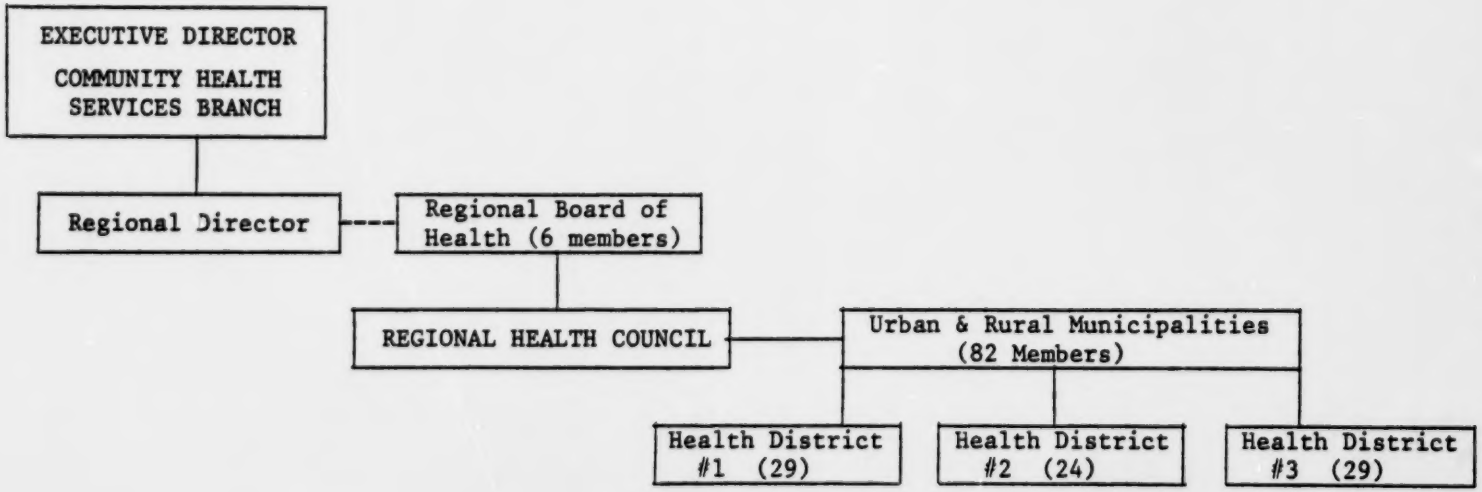
HEALTH DISTRICT #2

Biggar	*Lorraine Grondin	Springwater	Veril Bourk
Arelee	Thomas Fyson	Tessier	Blondal Johnson
Cando	Rosiland Guran	R.M. #316	Bryce McKenzie
Dodsland	William Worth	R.M. #317	Michael Longworth
Handel	Steve Fruhstuk	R.M. #318	Ian McLeod
Harris	Peggy Garner	R.M. #319	Irene McIntosh
Herschel	Peter Cormack	R.M. #346	Earl McMahon
Kelfield	Faith Weese	R.M. #347	Earl Danychuk
Kinley	Marion Fowler	R.M. #349	*Betty Bateman
Perdue	Bob Munday	R.M. #376	John Pavloff
Plenty	Louise Doering	R.M. #377	James Darcy
Ruthilda	Brian Shuttle	R.M. #378	Jerry Kirilenko

HEALTH DISTRICT #3

Eatonia	Mary Skjei	Netherhill	Judy Shaver
Eston	Charline Martin	Smiley	Brenda Anderson
Kerrobert	W. D. Johnston	Tramping Lake	Adam Frehlich
Kindersley	Florence Tisdale	R.M. #259	Ronald Parson
Luseland	Carol Reiter	R.M. #260	Lois L. Haug
Alsask	Joe Borschneck	R.M. #261	William V. Cridland
Brock	Linda Dagg	R.M. #290	Richard Smith
Coleville	Gordon Palmer	R.M. #292	Robert J. Thomson
Flaxcombe	Barbara Hilts	R.M. #320	Maxine Schmidt
Glidden	Wes Follensbee	R.M. #321	Beverley Kaufman
Loverna	Chester Foss	R.M. #322	J. Albert Whittleton
Madison	Judy Douglas	R.M. #350	*Marjorie Woodley
Major	Louise Kollman	R.M. #351	Duane Myers
Mantario	Robert A. May	R.M. #352	Mike Stang
Marengo	Clayton M. Cook		

ROSETOWN REGIONAL BOARD AND COUNCIL
STRUCTURE AND ORGANIZATION



THIS DIAGRAM SHOWS THE THREE HEALTH DISTRICTS WITH THE NUMBER OF THE HEALTH REPRESENTATIVES IN EACH, MAKING UP THREE DISTRICT HEALTH COUNCILS FROM WHICH 6 BOARD MEMBERS ARE ELECTED. EACH MUNICIPALITY IN THIS REGION (TOWN, VILLAGE AND R.M.) SELECTS ONE REPRESENTATIVE.

BOARD CHAIRPERSON'S MESSAGE

Mrs. Lorraine Grondin

I am pleased to present my 1985-86 report. The Rosetown Regional Board held six meetings. Resolutions from the 1985 Annual Meeting were dealt with along with resolutions in response to the Ad Hoc Committee's Recommendations on the Role of Regional Boards of Health.

Health District #3 met in Kindersley on April 18, 1985. Eighteen Municipal Health Representatives attended. This meeting gave Municipal Health Representatives an opportunity to acquaint themselves with local staff and services to their community. A presentation was made on the work of the Saskatchewan Child and Youth Safety Committee.

Jean Kallio, Vice Chairperson and myself attended Field Staff Conference in April 1985. We were pleased to meet with Health Minister, Honorable Graham Taylor and inform him of Regional concerns.

The Chiropody Program was officially open in September. The Honorable Graham Taylor cut the ribbon, and expressed good wishes for the program. He presented a plaque to Jean Kallio, Regional Board member.

In November 1985, a one-day Orientation Inservice Seminar was held for Municipal Health Representatives and the Regional Board. The Seminar was presented in direct response to a recommendation made by the Ad Hoc Committee studying the role of Regional Boards of Health. The Orientation Inservice Seminar will be an annual event held to inform Municipal Health Representatives about Community Health programs and to promote understanding of their roles.

As part of the Orientation Package, a Manual is being prepared for Board Members and Municipal Health Representatives. The Manual describes programs under the jurisdiction of Community Health Services Branch, explains the services provided by public health personnel and outlines how Municipal Health Representatives fit into the preventive health system.

A pamphlet is being prepared for Municipal Health Representatives to pass out to municipal officials and others in your community. A Municipal Health Representative may print his/her name and phone number on the pamphlet so people in the community will know who to contact with their concerns.

We have 12 new Municipal Health Representatives in 1986. I welcome them and hope that they participate fully by making their community health concerns known to the Board or to the public health staff.

A meeting of Regional Board Chairpersons and Regional Directors was held with Mr. Stan Malach, Executive Director, Community Health Services Branch in Saskatoon on February 13, 1986. Most of the discussion centered around the fall Orientation Inservice Seminar, the Orientation Manual and the Municipal Health Representative brochure. Discussion centered around the April meeting with the Minister. Agenda items for the meeting were requested. One major concern expressed was the twinning of Senior Public Health Inspectors. Mr. Malach advised that Andy Hazlewood is carrying out a study on this topic.

Jean Kallio is our representative on the Board of the Wheatland's Project for Persons Who Are Handicapped. The Wheatland's Board is meeting with Deputy Ministers and S.A.M.R. to determine how the Project's work can be transferred to a generic service when the Project is completed.

I would like to express my sincere appreciation to the Regional Board of Health for their support and dedication over the past year. Tony Gabriel resigned as Board Member from Health District #2 and Gordon Peat will be stepping down in April 1986. I would like to take this opportunity to thank Tony and Gordon for their active participation and work on the Regional Board.

It is with extreme regret that I report the untimely death of Dr. Marvin Klepsch in August 1985. Marvin had provided an excellent service as Early Childhood Psychologist to our Region for 5 years.

On behalf of the Regional Board and myself, I give sincere thanks to the staff of the Rosetown Health Region for the excellent work they do in preventive health services. A thank you as well to Dr. Schnee, Maggie Pioro and Cameron Barr who also provide services in Health Region #7.

Respectfully submitted,

Lorraine Grondin
Board Chairperson

REGIONAL DIRECTOR

Mrs. Beatrice M. Wichert

REGIONAL NURSING SUPERVISOR

Mrs. Jean I. Porter

SENIOR PUBLIC HEALTH INSPECTOR

Mr. John Johnson

SENIOR CLERK TYPIST

Mrs. Jean Israel

PUBLIC HEALTH NURSE II

Ms. Fay St. Marie

PUBLIC HEALTH INSPECTOR II

Mr. David Smith

MEDICAL HEALTH OFFICER

Dr. Paul Schnee

REGIONAL NUTRITIONIST

Ms. Maggie Pioro

SPEECH/LANGUAGE PATHOLOGISTS

Miss Christine Bolen
Mrs. Lori Bastness Olson

CHIROPODIST

Dr. Nicholas Perry
Miss Sydney Steer (Chiropody Assistant)

EARLY CHILDHOOD PSYCHOLOGIST

Mr. Cameron Barr

ROSETOWN

Rosalie Tuchscherer, Public Health Nurse I
Carolyn Gabriel, Public Health Nurse I
Karen Brown, Clerk Steno II
Susan Brooks, Clerk Steno II
Brenda Anderson, Public Health Nurse I (part-time)

KINDERSLEY

Marilyn Stevenson, Public Health Nurse I
Esther Peever, Public Health Nurse I
Beverly Leipert, Public Health Nurse I
Terrence Gibson, Public Health Inspector I
Wilma Hillacre, Clerk Typist II (part-time)
Lenore Delday, Clerk Typist II (part-time)

BIGGAR

Dianne Bateman, Public Health Nurse I
Jacqueline Wylie, Public Health Nurse I
Ronald Belak, Public Health Inspector I
Merle Klein, Clerk Typist II (part-time)

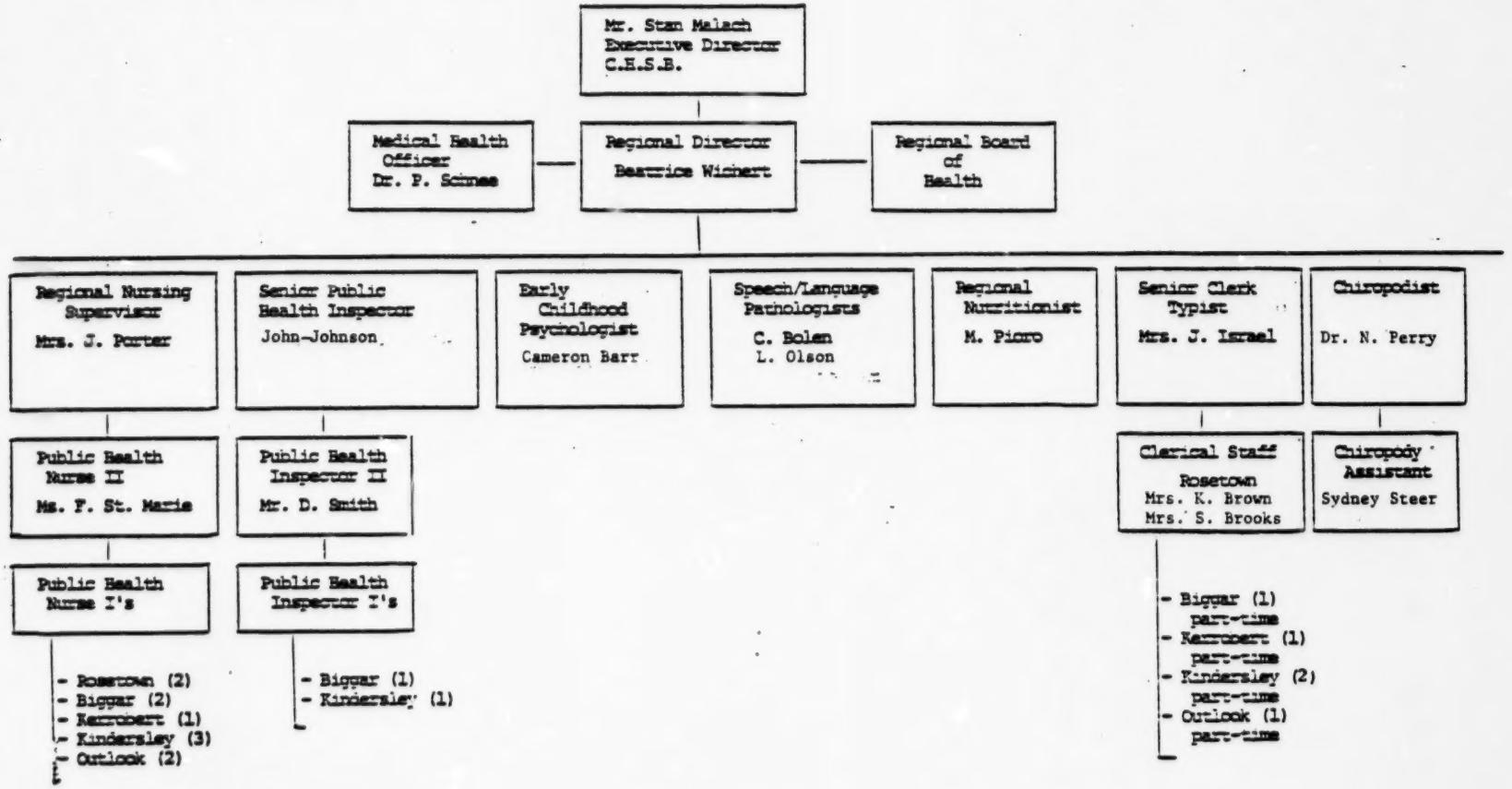
KERROBERT

Doreen Briggs, Public Health Nurse I
Lorraine Cholin, Clerk Typist II (part-time)

OUTLOOK

Donna Deugau, Public Health Nurse I
Carolyn Koop, Public Health Nurse I
Lois Jacobson, Clerk Typist II (part-time)

ROSETOWN HEALTH REGION NO. 7
ORGANIZATION CHART



March 31, 1986

REGIONAL DIRECTOR'S REPORT

Mrs. Beatrice M. Wichert

On behalf of the staff of the Rosetown Health Region #7, I am pleased to present the 1985-1986 Annual Report to the Regional Board of Health and Municipal Health Representatives.

This past year has been jam-packed with activity. The Chiropody Program became operational in July 1985. Community Health Services Branch developed and launched a Preschool Core Services Program in January 1986. A revitalization of the role of Regional Boards of Health and Municipal Health Representatives has commenced. The addition of Early Childhood Psychology and Audiology positions to two Regions in encouraging as we may get approval for these staff positions.

With a standardized service to preschool children in place, Community Health Services Branch is now looking at evaluating services to school children and to the elderly.

Over the past year we have had a number of changes in our senior staff. I am pleased to welcome John Johnson, Senior Public Health Inspector; Dr. Nick Perry, Chiropodist; Lori Olson, Speech Language Pathologist; and Cameron Barr, Early Childhood Psychologist.

We were shocked to hear about the death of Dr. Marvin Klepsch, Early Childhood Psychologist. His work with preschool children was exceptional. We miss Marv as a colleague and friend.

Saskatchewan Hearing Aid Plan and Saskatchewan Aids to Independent Living services are provided through the Region. Inquiries may be directed to the Rosetown Office or any of the District Offices.

The Outlook/Davidson Early Childhood Intervention Program received government funding in October 1985 and became established as the Prairie Hills Early Childhood Intervention Program. The structure is different because it is a satellite of the Infant and Toddler Program of the Alvin Buckwold Clinic. West Central and Prairie Hills Early Childhood Intervention Programs provide valued services to preschool children with special needs across the entire Region. Our Early Childhood Psychologist, Speech Language Pathologists and Public Health Nurses participate on the Admissions and Review Committee Board and on the Management Board.

Early Childhood Case Conference meetings are held regularly by senior and selected staff. This team approach by staff provides co-ordinated services to preschool children with special needs.

The Regional Early Childhood Co-ordinating Committee dealt with three cases involving preschool children. In each case there was no service available in the Region to accommodate their needs. Alternate solutions had to be developed and the Committee sought policy direction from their superiors in the three Departments of Health, Social Services and Education.

Wheatland's Project for Persons who are Handicapped deals with people of all ages who have special needs. The General Service Plan (G.S.P.) has been an excellent vehicle in determining the strengths and needs of handicapped people. Wheatland's Project is nearing the end of its existence. The Board is working diligently to transfer the role of the Project to a generic service agency. Bringing the parents and client together with the service agencies to develop a plan for the handicapped person has proved to be a useful process for all.

The Budget approved for the Rosetown Region for 1985-86 was $926,120. We were able to balance the Budget with the amount appropriated.

The Rabies Virus appears to be present in the skunk population in our Region. Staff have been alerting the public to this unusual occurrence.

Community Health Services has taken a lead role in promoting a smoke-free workplace. One room has been designated for smokers. Smoking is not permitted in any other workplace by staff nor in waiting room by visitors. Staff have been most co-operative in supporting this lifestyle policy.

A performance rating and review system has been initiated by the Public Service Commission for Out-of-Scope Personnel. This affects my position and that of the Chiropodist. We are directly responsible to our Supervisors for work performance and this evaluation determines any salary increases.

I want to thank the Regional Board of Health and Municipal Health Representatives for their active participation in Community Health matters and in their support and interest in our staff and programs.

I would also give thanks to Mr. Malach, Executive Director, Community Health Services Branch and his central office staff for direction and support to us in the Region. We do appreciate their consul and the work they do on our behalf.

I have a terrific staff in Rosetown Health Region. I would like to thank each and everyone of them for their diligent work and co-operation in providing public health services to the people of this Region. I know I can count on the staff to do a good job. Special thanks to Jean Israel and her team of clerical staff. The stenos do much of the behind-the-scene work that is so necessary in a service such as ours.

Respectfully submitted,

Mrs. Beatrice M. Wichert
Regional Director

MEDICAL OFFICER'S REPORT

Dr. Paul Schnee

COMPLIMENTS TO THE ROSETOWN REGION STAFF AND PHYSICIANS - Although I serve the Rosetown Region from North Battleford, and this is not ideal, I can say that the Rosetown Region receives a reasonable level of Medical Officer services because of the competence of the Rosetown staff, and the receptiveness of the Rosetown region physicians. They competently carry out routine communicable disease control and immunization, but they know when to contact me concerning non-routine situations. Thus, through providing consultation to competent public health staff and family physicians in the region, I can ensure adequate communicable disease control and safe immunization even from a distance.

MEDICAL OFFICER SERVICES

Consultation - On a regular basis, I provide advice to the Regional Director, Regional Nursing Supervisor and Public Health Nurses, and Senior Public Health Inspector regarding communicable disease control. I also provide advice to the nursing supervisor and to the public health nurses concerning immunizations, and to the inspectors concerning administration of the public health act and regulations. This is accomplished through regular visits to the Rosetown Public Health Office, and occasional visits to the District offices, and through telephone consultations. I also meet the senior health inspector when he comes to North Battleford at which time matters pertaining to Rosetown Region are discussed if needed.

I have considerable telephone contact with the physicians in the region, generally concerning communicable diseases and vaccines. When possible, I meet the physicians when I am in a community. In 1985, I visited physicians in Outlook, Biggar, Rosetown, and Kindersley.

Health Information - On a regular basis, I send out information to physicians, hospitals, and public health nurses concerning public health matters. During the past year I sent information in the form of Medical Officer Memos on the following topics: whooping cough, erythema infectiosum (fifth disease), malaria prophylaxis, prenatal classes, food poisoning, red measles, hearing screening, the preschool screening program, new reportable communicable diseases, tests for spouses of hepatitis B carriers, haemophilus influenzae type B vaccine and chemoprophylaxis, pneumococcal vaccine, and the use of immune globulin in travellers. I sent a Medical Officer Memo to hospital administrators regarding prevention of needlestick injuries, PKU tests on newborns, and hepatitis B vaccine.

On occasions, I make a clinical presentation to the nursing staff and the Board at a nursing staff conference or a Board meeting. During the past year I presented information on Hepatitis B, AIDS, and rabies. Information concerning rabies, lice and meningitis was given to the local papers through either written submissions or interviews with reporters. I also taped five one-minute talks on rabies, and five talks on health information for international travel for "Let's Talk Health" on radio station CJYM.

Administration of Public Health Legislation - The need for formal enforcement procedures was minimal in the Rosetown Region this year. To their credit, the inspectors are able to accomplish reasonable compliance with the regulations without formal legal methods. This also indicates that people in the region are generally willing to comply with health requirements when the reasons are explained to them.

COMMUNICABLE DISEASES REPORTED

	1982-83	1983-84	1984-85	1985-86
Campylobacter	0	0	0	5
Chickenpox	-	-	0	19
Diphtheria Cases	0	0	0	0
Food Poisoning	-	-	0	0
Gastroenteritis (E. Coli)	10	5	10	0
Giardiasis	2	0	7	0
Hepatitis: A	2	2	8	1
B - Cases/Carriers	1	2	1	3
Measles (Rubeola)	0	0	0	1
Meningitis/Encephalitis (Total)	7	0	11	2
- Haemophilus	-	-	-	0
- Pneumococcal	-	-	-	0
- Other Bacterial	-	-	-	0
- Viral	-	-	-	2
Meningococcus	-	-	0	0
Mononucleosis (Infectious)	-	-	0	0
Mumps	-	-	0	0
Pertusis (Whooping Cough)	0	0	2	1
Rubella	0	0	0	0
Salmonellosis	1	11	4	4
Shigellosis (Bacilliary Dysentery)	1	4	4	0
Tuberculosis	0	0	2	2

COMMENTS

Campylobacter and Salmonella - These two organisms are similar in that they cause fever, diarrhea, abdominal pain, nausea and vomiting and they are found in widespread in the feces of animals and poultry. The cases occurred as isolated cases with no evidence of spread from person to person.

Erythema Infectiosum - This disease first appeared in April, 1985, at Lloydminster, but it spread throughout the region, being prevalent in the Battlefords during the winter. Rosetown region experienced an outbreak in the spring of 1986. The disease is caused by a virus, which causes a rash characterized by a red, "slapped-face" appearance and a lace-like pattern on the body. Fortunately, the children do not become ill from this viral infection.

Rabies - Rabies was detected in a bat in North Battleford and in skunks and a bat in Rosetown region. Considerable amount of publicity concerning rabies has been done in both regions. Positive skunks have been detected as far north as Biggar. Rabies vaccine was given to one man who contaminated his hands with rabies positive skunk blood. One rabid skunk was killed within the town limits of Rosetown.

Lice - Lice occurred in a Rosetown school. This is somewhat unusual and caused considerable parental concern. However, this infestation was easily controlled since only two cases were detected.

Hepatitis B - Three carriers were detected. One carrier was positive at the time of the delivery of her child. This caused considerable concern in hospital staff, who demanded Hepatitis B vaccine. This vaccine was given to those full-time hospital employees who are considered to be at greatest risk of acquiring hepatitis from the blood of patients through needlestick injuries or contaminated cuts. Lab technicians, and nurses in the O.R. and out-patients are considered at most risk. Other persons such as doctors, dentists, and ambulance attendants not employed by the hospital are expected to obtain the vaccine at their own expense.

Respectfully submitted,

Dr. Paul Schnee
Medical Health Officer

PUBLIC HEALTH NURSING ANNUAL REPORT

Mrs. Jean I. Porter

The amount of nursing service we have been able to provide has been reduced this year due to staff vacancies, illness and maternity leave. We were fortunate to employ a part-time nurse who has provided limited services in five different nursing districts as she was needed. Fay St. Marie, Public Health Nurse II commenced Acting Regional Nursing Supervisor duties in Saskatoon Rural Region in January 1986 due to an accident in which the Regional Nursing Supervisor was seriously injured. For this reason most of Ms. St. Marie's time has been spent within the Saskatoon Region or working on their behalf.

The major focus for the year was the introduction of the Preschool Core Services Program which was fully operational by January 1, 1986. The goal of the program is to provide comprehensive health prevention services for infants and preschool children in all regions of the province. Children will now attend Child Health Clinic a minimum of 7 times from birth to 4 years to receive immunization and screenings recommended at 2 months, 4 months, 6 months, 12 months, 18 months, 3 years and 4 years. We have increased appointment times to 30 minutes in order to ensure each child receives the complete service. In order to evaluate the program extensive recording and reporting has also been incorporated.

THE SEVEN ELEMENTS OF THE PRESCHOOL CORE SERVICES ARE:

1. PHYSICAL ASSESSMENT - Each visit the child is checked against normal growth charts regarding height, weight at each visit and head circumference at each visit to age 3 years. The child is checked for congenital dislocated hip at each visit until 12 months. A head-to-toe inspection is done at the postnatal visit or if not at the first clinic visit. Thereafter follow-up of any abnormalities will be done. Abnormalities are referred to the family physician for further investigation.

2. NUTRITION - At each visit the mother is questioned regarding the child's and families nutrition and provided with counselling and information. If the Public Health Nurse is unable to provide the information or is concerned about some aspect of the child's nutrition a referral is made to the provincial nutritionist or family physician as appropriate.

3. DEVELOPMENT - Developmental assessment is done at 6 months, 1 year, 18 months and 3 years as a minimum. If the nurse is concerned she may do this more often. Referrals are made to the Early Childhood Psychologist or may also be made to the family physician if the delay is in the physical area; e.g. late walking.

4. VISION SCREENING - Three tests are done at 4 years.
   a) Visual acuity using the illiterate "E" chart
   b) The Random Dot "E" test for stereopsis or depth perception
   c) The cover-uncover test for muscle imbalance

   Referrals are made to the eye practioner of the parent's choice.

5. HEARING - Questions are asked of the mother at 4 months, 6 months, 1 year, and 3 years. At age 4 an audiological screening is done with an audiometer. Failures are referred to Saskatchewan Hearing Aid Plan and to the family physician if there is a need.

6. SPEECH - The Communication Screen is done for children at age 3. Referrals are made to the Speech Language Pathologist.

7. IMMUNIZATION - Children are given Diphtheria, Pertussis, Tetanus and Oral Polio Vaccine at age 2 months, 4 months, 6 months, 18 months and 4 years and Measles, Mumps, Rubella at age 12 months.

The implementation of the program has been fairly smooth, however nurses have made some adjustments.

The increase in appointment time has caused a back-log in certain clinics. We have offered extra clinics if the waiting list exceeds 6 weeks.

We will have to do both 4 and 5 year olds for vision and hearing this year as a phase-in until the new program is fully established.

The number of Child Health Clinic visits have been reduced so that where as in Health Region No. 7 we encouraged parents to visit for developmental and growth assessment at 9 months and 2 years as well as the other ages, we now have to "unsell" this idea in order to have enough clinic time. However, we will still see parents who require advice at these or any other ages.

SUMMARY SHEET PRESCHOOL CORE SERVICES

CHILD HEALTH CONFERENCE VISIT

Activity	AGE						
	2 months	4 months	6 months	1 year	18 months	3 year	4 year
Immunization	X	X	X	X	X	-	X
Developmental Screening	-	-	X	X	X	X	if concern or not done previously
Hearing Screening	-	X	X	X	-	X	X
Nutrition Assessment	X	X	X	X	X	X	X
Physical Assessment/ Measurements	X	X	X	X	X	X	X
Speech & Language Screening	-	-	-	-	-	X	-
Vision Screening	-	-	-	-	-	-	X

In addition to prenatal classes, school services, health education programs on request, visits regarding S.A.I.L. equipment and participating in community planning for services, we are also continuing the regional programs of hearing screening of Grade I and III students, Breastfeeding Workshops for hospital staff, regular Regional Early Childhood Committee meetings, the observation registry, Discover Health Seminar, and Workshop for Early Preschool Workers.

I wish to express my appreciation to the nursing staff who filled in to cover those vacant spots so willingly and co-operated to their fullest in the implementation phase of the Preschool Core Services Program.

Respectfully submitted,

Mrs. Jean I. Porter
Regional Nursing Supervisor

PUBLIC HEALTH NURSING
SELECTED STATISTICS

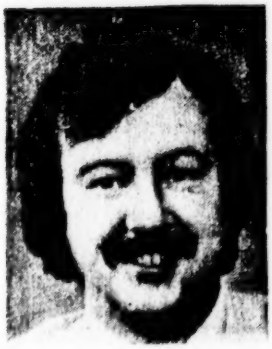
	1983-84	1984-85	1985-86
Nursing Days	2061	2044	1907
Home Visits Made	1755	1613	1472
Child Health Centres in Operation	24	24	22
Child Health Conferences Held	985	1037	1078
Prenatal Program			
Home Visits to Pregnant Women			
- 1st Visit in Fiscal Year	161	40	98
- Total Home Visits	183	129	112
- Other Interviews/Contacts	188	220	137
Prenatal Classes - No. of Classes Held	116	135	120
- Total Attendance - Mothers	897	968	933
- Fathers	678	760	798
Postnatal Program			
Total Home Visits (within 30 days of delivery)	609	629	642
Other Interviews/Contacts	137	130	112
Child Health Conference Services			
Infants (0-12 months incl.) Total Attendance	2713	2530	2447
Preschool Children (13 months - school entrance) Total Attendance	3076	3253	3243
School Health Services			
Total School Enrolment	7753	7948	8086
Teacher-Nurse Conferences re: - program	283	249	255
- students	318	270	242
Students Inspected - Basic	66	39	19
- Rapid	772	308	341
- Follow-up	591	1161	1046
School Presentations	69	107	78

	1983-84	1984-85	1985-86
Miscellaneous Services			
Home Visits to - Adults over 65 years of age	404	255	194
- Mentally Ill	11	13	6
- Physically Handicapped	73	79	49
- Mentally Handicapped	11	16	7
Total Official Visits (Doctors, Dentist, Social Worker, etc.)	817	928	761
Group Education (other than in schools) and Meetings Attended	135	138	109
Immunization			
Infants (0 - 1 year)			
D.P.T. or D.T. 3 doses given	703	674	706
O.P.V. series completed	691	681	705
Children (1-7 years)			
D.P.T. or D.T. 3 doses given	72	28	39
Recalls D.P.T. or D.T.	1216	1511	1680
O.P.V. recall doses	1205	1508	1664
M.M.R.	725	715	741
Children (7 years - school leaving)			
D.T. Recall	589	637	543
O.P.V. Recall	492	646	531
M.M.R.	11	14	21
Mumps	84	27	22
Rubella	170	286	217
Measles		2	7
Adult			
Total Immunization	212	94	179

PUBLIC HEALTH INSPECTION ANNUAL REPORT

John Johnson

David Smith



I began employment in the Rosetown Health Region on June 3, 1985 as Senior Public Health Inspector, my duties being shared with the North Battleford Health Region. My work is allotted to approximately 40% of my time in each region with the other 20% being travel time between regions and time at work which involves both regions.

The work of the Public Health Inspectors can be divided into two main categories:

1. Routine services such as inspections of various facilities; and

2. Demand services which cannot be scheduled such as plumbing inspections, complaint investigations, plan and subdivision reviews, etc.

The demand services have continued to upset our schedule to the extent that we have a reduced number of facility inspections during the past year.

Complaints may cover a wide range of subjects from insects to housing to sewage spreading on the ground. In the past year there were three very interesting insect complaints among the many which were investigated. One involved cockroaches in a private home, cockroaches are rare in this region. A second involved bird mites which are parasites of birds; in this situation they were bothering the occupants of a mobile home. In a third incident clover mites invaded a hospital when the weather turned cold last fall. I am happy to report that the situations were resolved to everyone's satisfaction.

Community Health Education comprised the presentation of radio spots in the Discover Health series during April and September; training courses for swimming pool attendants; and a National Sanitation Training Program for food service personnel.

I wish to take this opportunity to thank the inspectors for their dedication and co-operation during the past year. Having a half time Senior required adjustments. The district boundaries required changing. David Smith, who accepted greater administrative duties, had his district reduced in size while the districts for which Ron Belak and Terry Gibson are responsible were enlarged.

In order that you may readily compare our past and previous year's activities, the statistical report on the following page contains a side-by-side comparison of the past two years figures.

Respectfully submitted,

John R. Johnson
Senior Public Health Inspector

PUBLIC HEALTH INSPECTION - SELECTED STATISTICS

	Field Visits		Formal Inspections	
	1984-85	1985-86	1984-85	1985-86
Public Eating Establishments	309	295	291	204
Food Processing and Distribution	128	90	106	83
Liquor Outlets	84	91	52	50
Communal Water Supplies	11	3	37	0
Private Water Supplies	20	14	--	--
Public Water Supplies	13	13	17	34
Communal Sewerage Systems	9	5	33	0
Private Sewerage Systems	15	13	--	--
Public Sewerage Systems	2	4	--	--
Solid Waste Disposal	60	38	59	0
Liquid Waste Transport	4	2	0	0
Hospitals	7	5	16	4
Schools and Institutions	21	14	32	16
Housing	37	49	--	--
Trailer and Mobile Home Courts	22	22	11	8
Hotels and Motels	48	65	66	57
Industrial Facilities	4	0	0	0
Swimming Pools	58	71	17	25
Agricultural Facilities	10	11	--	--
Recreational Facilities	64	64	16	23
Public Facilities	11	1	0	0
Plumbing	388	371	--	--
Investigations	58	15	--	--
	1383	1256	754	504
			% of time spent	
			36.2	32.1
General Services (In Hours)				
Travel	884	871		
Meetings	234	266		
Surveys	11	0		
Monitoring	1	17		
Training Courses	231	123		
Other	110	137	% of time spent	
	1471	1414	25.3	25.9

	Field Visits		Formal Inspections	
	1984-85	1985-86	1984-85	1985-86
Other Services (In Hours)				
Projects	4	111		
Staff Meetings	117	154		
Staff Development	357	394		
General Administration	1764	1630	% of time spent	
	2242	2289	38.5	42

NUTRITIONIST'S ANNUAL REPORT

Maggie Pioro

In February 1985, the Nutritionist's office was twinned between North Battleford (H.R. #13) and Rosetown (H.R. #7). Since both regions had been served by a full-time position, this shared situation made it necessary to change aspects of the nutritionist's role in the community. The objectives of prior years in nutrition promotion had to reflect the increased travel time and the decreased time for direct professional and public consulting.

Priorities

The promotion and utilization of nutrition information to the community at large remained the main priority. To accommodate the duties of the two health regions the time distribution was aimed at 40% in each health region and 20% for administration. Many programs, projects and professional development time were expanded to benefit both health regions.

The main focus of the nutritionist's role was to disseminate professional information as a consultant to medical professionals and to instruct community lay leaders.

Nutrition Consultation and Promotion

Nutrition information updates were offered at nursing staff conferences. The role of nutrition in the Preschool Core Program and Prenatal Class Series held a main focus.

Promotion of nutrition information in the community was dealt with and introduced through Nutrition Month; through group presentation programs such as "Cooking Without Sugar" and "Coping with Food Allergies" and through workshops to Weight Control Group Leaders and Home Care Workers. Mass media of newspaper, radio and television continued to be utilized for promotion.

Professional Development

Making Presentations Workshop, Saskatoon
Canadian Dietetic Association Annual Conference, Montreal
Pediatric Nutrition Conference, Montreal
Diabetic Education Clinic, North Battleford
Breastfeeding Workshop, Saskatoon
Organization for Nutrition Education Teleconference, Saskatoon

Extra-Curricular Professional Development

Consumer Relations Instructors Course, Regina
Facilitators Budgeters Workshop, Saskatoon
Consumer Association of Canada (Executive)

NUTRITIONIST SERVICES STATISTICS

I. Presentations

	H.R. #13	H.R. #7	ATTENDANCE
Professional Community Groups	3	1	94
Community Groups	11	8	429
Interagency/Interdisciplinary	1	2	93

II. Media and Special Material Production

	H.R. #13	H.R. #7	BOTH H.R.'S
Newspaper Releases (#13,#7)			54
Radio Spots		53	
Radio/Newspaper Interviews			5
Bulletin Board Displays			3
Resource Material Development			4

III. Inservice and Orientation

Public Health Nursing Conference presentations (#13-4; #7-7)
Orientation for New Staff (#13-4; #7-2)

IV. Information

	83-84	84-85	85-86
Queries for information, material or nutrition aids	463	577	494
Diet Therapy Consultations	107	51	47

Respectfully submitted,

Maggie Pioro
Nutritionist

CHIROPODIST'S ANNUAL REPORT

Dr. Nicholas Perry

Since the official opening of the Saskatchewan Chiropody Program in Prince Albert on February 1, 1984 by the Honorable Graham Taylor, Minister of Health, Chiropody Clinics have been introduced into each and every health region throughout this province, Rosetown being the final clinic to be opened in July 1985. To date, there are 10 main Chiropody Clinics and 23 Satellite Clinics attended on a scheduled basis.

Any person who has foot problems and who may benefit from services of a Chiropodist, may receive such services upon referral from a Physician, Public Health Nurse, or a Home Care Nursing Co-ordinator. Any resident of Saskatchewan, who has a valid health services card will be eligible to receive professional services at no charge. Where orthotics or special footwear will be required, these will be the individual's responsibility.

The practice of Chiropody deals with the diagnosis and treatment of diseases, injuries, and defects of the human foot by medical, mechanical and minor surgical means. This includes the physical examination of the lower extremities alone and in relation to the rest of the body. Foot diseases are treated in many ways including physical therapy, minor surgery and the application of medication.

Scope of practice involves treatment of callosities, corns, pressure keratoses, conditions such as thickened nails, neglected nails, ingrown nails, fungal infections of the nails and/or skin, plantar warts, diabetic ulcers, structural and mechanical problems and injuries to the foot.

Orientation was received, late in June, by myself in Regina and Moose Jaw and for the Chiropody Assistant, Sydney Steer, in the Swift Current Health Region, acquainting ourselves with the Chiropody Program's policies and procedures.

During the first two weeks in the Rosetown Health Region, both myself and Sydney Steer, contacted colleagues and set up the Rosetown Clinic. Introductory visits were made to all physicians, public health nurses and home care nursing co-ordinators, with referral forms being distributed and presentations arranged.

Patients were first treated on July 7th, 1985 in the Rosetown Clinic. Dates for in-services, presentations and satellite clinics were arranged. All of these had to be temporarily postponed because I had to cover the Prince Albert

Health Region from August to mid-November when Dr. Hanna Worbey took position.

On September 17th, 1985, the Honorable Graham Taylor and dignitaries officiated at the opening of the Rosetown Clinic.

In-services training programs on foot care have been given to numerous Hospital Nurses, Home Care Nurses and Special Care Homes through the Health Region.

The Chiropody Program in the Health Region, has taken an active part in the Special Care Nursing Aides training program.

Services in the Rosetown Health Region

The main office is on the second floor of the Provincial Building and the majority of patients are seen at this location.

Rosetown: Rosetown Public Health Office,
122 - 2nd Avenue West,
Rosetown, Saskatchewan. Telephone: 882-2633

The Biggar and Kindersley Satellite Clinics have been well received and we now have two clinics per month at each of these locations.

Kindersley: Kindersley Public Health Office,
117 - 3rd Avenue East,
Kindersley, Saskatchewan. Telephone: 463-6538
1st and 3rd Wednesdays of each Month.

Biggar: Biggar Public Health Office,
502 - 1st Avenue West (Biggar Union Hospital),
Biggar, Saskatchewan. Telephone: 948-3357
1st and 3rd Monday of each Month.

Appointments can be made at both these locations. The dates may be subject to change. These satellite clinics are not as well equipped and some patients may have to travel to the Rosetown Clinic to benefit from the full range of services.

I am pleased with the way in which the Chiropody Program has been accepted by the Health Care Workers of this Region and I look forward to a continuation of the good working relationship.

I would like to thank all the staff of the Community Health Services Office for the support and hard work in the effective delivery of the Chiropody Program, especially my assistant, Sydney Steer.

Respectfully submitted,

Dr. Nicholas Perry
Chiropodist

CHIROPODY STATISTICS

Definitions: Category 1: Medically At Risk Elderly (65+)
2: Medically At Risk General Population
3: Well Elderly (65+)
4: Well General Population

ROSETOWN CLINIC

	New Patients					Return Patients					Combined
Category	#1	#2	#3	#4	Total	#1	#2	#3	#4	Total	Total
July	7	3	2	5	17	1	0	0	0	1	18
August	9	1	10	11	31	2	0	2	3	7	38
September	13	0	12	12	37	7	1	2	11	21	58
October	16	1	8	16	41	7	4	4	13	28	69
November	8	2	8	11	29	13	1	7	24	45	74
December	7	0	7	7	21	22	2	13	24	61	82
January	9	1	3	12	25	21	1	15	23	60	85
February	12	2	7	6	27	24	3	22	22	71	98
March	12	3	5	8	28	26	3	22	28	79	107
TOTALS	93	13	62	88	256	123	15	87	148	373	629

KINDERSLEY CLINIC

December	8	1	5	1	15	0	0	0	3	3	18
January	1	0	1	2	4	5	0	3	2	10	14
February	4	0	1	2	7	4	0	4	3	11	18
March	7	1	4	2	14	6	1	5	7	19	33
TOTALS	20	2	11	7	40	15	1	12	15	43	83

BIGGAR CLINIC

December	7	1	1	0	9	0	0	0	0	0	9
January	10	0	7	1	18	0	0	0	0	0	18
February	7	0	3	1	11	4	0	1	1	6	17
March	2	0	1	1	4	11	0	5	1	17	21
TOTALS	26	1	12	3	42	15	0	6	2	23	65
GRAND TOTAL	139	16	85	98	338	153	16	105	165	439	777

CHIROPODY STATISTICS

Referrals may be obtained from:
1. Public Health Nurse
2. Physicians
3. Other Chiropodists
4. Home Care Nursing Co-ordinators

NUMBER OF REFERRALS FOR ROSETOWN CLINIC AND KINDERSLEY AND BIGGAR SATELLITE CLINICS.

Public Health Nurses		Physicians	
July	6	July	4
August	9	August	14
September	10	September	21
October	12	October	16
November	9	November	18
December	8	December	10
January	12	January	10
February	10	February	9
March	15	March	12
TOTAL	91	TOTAL	114

Other Chiropodists		Home Care Nursing Co-ordinators	
July	3	July	4
August	3	August	6
September	2	September	8
October	0	October	10
November	0	November	5
December	1	December	22
January	0	January	27
February	1	February	20
March	0	March	21
TOTAL	10	TOTAL	123

GRAND TOTAL 338

SPEECH - LANGUAGE PATHOLOGIST'S REPORT

Christine M. Bolen

Lori Bastness Olson

Speech and language diagnoses and treatment took place in Outlook, Biggar, Rosetown, Kindersley and Kerrobert within the Rosetown Health Region. These clinics were held by the Speech Pathologist headquartered in Rosetown until the hiring in November 1985 of a second Speech Pathologist for the Kindersley, Kerrobert, Leader area. This new staff member, Lori Bastness Olson is a recent graduate from the Masters Program at Minot State College. Orientation occupied her first few months of employment with the gradual implementation of regular clinics in the Western portion of the Region.

Since this placement of a second speech pathologist the waiting list has been reduced significantly and ongoing treatment has been realized.

According to the provincial mandate speech pathologists are required to provide services primarily to preschool age children as early intervention strategies continue to be priority.

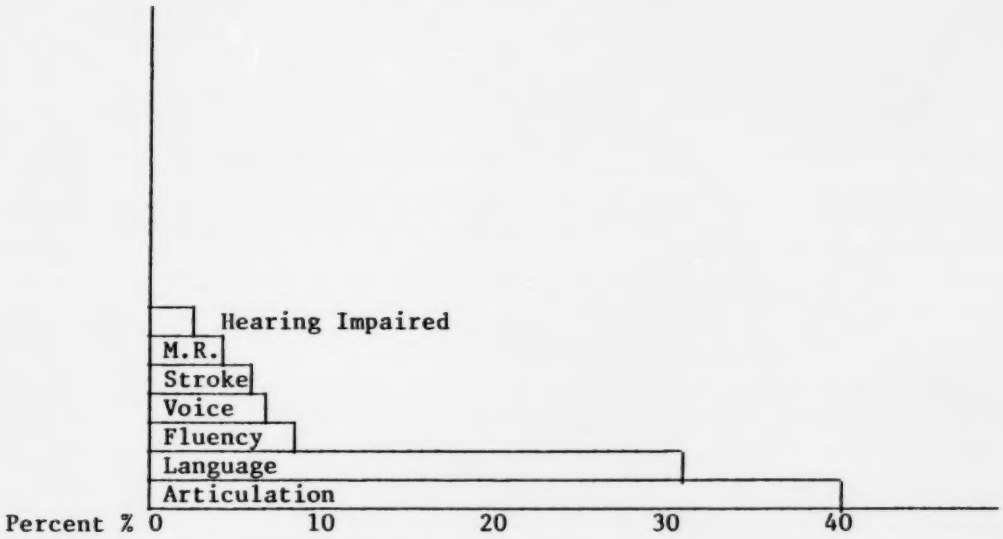
In January 1986 the Core Screening Program was implemented. Children aged 2 years 10 months to 3 years 9 months at child health clinics receive the Communication Screen. This particular screening process is designed to provide the health nurses with a reliable basis from which to make referrals to the Speech Language Pathologist. Based on recently obtained statistics the following trend indicates an increase of children referred to the Speech Language Pathologist:

1985 January - March	1986 January - March
3 year referrals	3 year referrals
9	33

Not only have we identified a greater number of children referred via this

tool but also a heightened awareness by the Health Nurse has increased referrals of all ages of preschoolers. It is expected that this trend will continue throughout 1986.

Percentage % Diagnosis and Treatment SLP 1985-1986



Recently a number of discussions have taken place surrounding increasing speech language pathology services for adults. Despite an increasing number of referrals for this population, research indicates that the nature of adult rehabilitation requires intensive and immediate intervention. Due to the limited number of professionals (and existing staff) this would not be possible or effective. No immediate changes are indicated.

Rather than devoting therapy time to the elderly population it is more justified to expend time to preschool populations in accordance with prevention and early intervention philosophies of the Department of Health.

However, the speech pathologists do anticipate devoting more time to prevention measures for the elderly by continued public education and inservices to professionals in contact with the elderly.

May is Speech and Hearing Month. This opportunity is taken to heighten awareness to the community regarding normal development and speech and language disorders.

Co-ordination of programming with Early Childhood Intervention Programs, Playschool, Kindergarten, and Developmental Center Teachers is ongoing with specific cases and as a resource professionals. We also participate on an interdisciplinary team which creates the Early Childhood Case Conferences. This proves to be a useful means for discussion and program planning.

For the past four months speech and language programs have been implemented and beneficial to many preschoolers in our region. Unfortunately, Christine Bolen will be leaving her post as Speech Language Pathologist in Rosetown in May 1986. Lori Bastness Olson will be charged with providing speech and language services to the entire Region until a new Speech Language Pathologist can be recruited.

I would like to take this time to commend Christine Bolen for covering the entire region for an extended period of time. It was beneficial to begin work with an encumbent in the region. I wish her success and happiness in the future.

I wish Lori Bastness Olson the best of luck in taking on the role of Speech Language Pathologist within this region. She will enjoy working with the dedicated nursing staff and other professionals in place in this region.

Respectfully submitted,

Christine M. Bolen
Lori Bastness Olson

EARLY CHILDHOOD PSYCHOLOGIST'S ANNUAL REPORT

Cameron Barr

The Rosetown Health Region received Early Childhood Psychological services from Dr. Marvin Klepsch until his unfortunate death in August, 1985. He was well respected by the staff and community. He is missed by all.

From September until February the Rosetown Health Region was without the services of an Early Childhood Psychologist. Starting in February, I took over the position for the Saskatoon and Rosetown Regions. Forty percent of my time, approximately two days per week, are spent in the Rosetown Region. The first month was an orientation to the job, the casework and the organization. During that time I attended Interagency meetings and visited some of the towns in order to familiarize myself with the community and some of the people with whom I would be dealing. In March I began seeing children who were referred to me or needed follow-up.

The staff has been most supportive and helpful. Their enthusiasm and concern for their community is impressive. I am looking forward to working with them.

The following are statistics compiled for the period April to July, 1985 and March, 1986. These will provide an overview to the age and types of concerns in the children that are seen.

Type of Problem	Number of Initial Visits	Number of Follow-up Visits
Developmental	12	18
Behavioural	6	11
Multiple	2	6

Consultation re: children not formally referred and seen = 48.

Respectfully submitted,

Cameron Barr
Early Childhood Psychologist

HEALTH REGION STATISTICS

VITAL STATISTICS

	1983	1984	1985
Population	41,522	42,093	42,363
Births	763	777	794
Total Infant Deaths	8	9	8
Still Births	3	3	4
Under 28 Days (Neonatal)	-	-	3
28 Days - 12 Months	-	-	1
Maternal Deaths	0	0	0
Total Deaths	356	319	341

NUMBER OF BIRTHS OCCURRING IN ROSETOWN HEALTH REGION IN 1985 BY MOTHER'S AGE AND MARITAL STATUS:

	TOTAL	10-14	15-19	20-24	25-29	30-34	35-39	40-44
Total Births	794	1	47	279	288	136	39	4
Married	691		14	238	265	131	39	4
Other	103	1	33	41	23	5		

CAUSES OF DEATH FOR HEALTH REGION #7

1985

DISEASES	M	F	TOTAL
Cancer of Digestive System	12	13	25
Cancer of the Lung	12	6	18
Cancer of GenitoUrinary Organs	10	4	14
Cancer of Bone, Skin, Breast	0	5	5
Other Cancers	12	9	21
Ischaemic Heart Disease	60	39	99
Diseases of Circulatory System	34	33	67
Diseases of Nervous System	4	5	9
Disease of Respiratory System	20	7	27
Endocrine Diseases	1	1	2
Transport Accidents	8	2	10
Other Accidents	6	7	13
Suicide	3	0	3
Homocide	1	0	1
Other Causes of Death	15	12	27
TOTAL	198	143	341

APPRECIATION

TO THE MEDIA:

The Rosetown Regional Board of Health and staff of Rosetown Health Region #7 express sincere thanks to the Radio Stations and Weekly Newspapers for publicizing our public health programs.

Radio Stations: CJYM in Rosetown
CFQC in Saskatoon

Weekly Newspapers: The Rosetown Eagle
The Kindersley Clarion
The Kerrobert Citizen
The Outlook
The Elrose Review
The Eston Press
The Biggar Independent

TO VOLUNTEERS:

Health Region staff extend a warm thank you to all volunteers, and everyone who assisted us in any way to carry out our public health programs.